

## LARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

the national or PCT international filing date of this application:

PCT/US APPLICATION NO.

My residence, post office address and citizenship are as stated below; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

# A VACCINE FORMULATION WITH A PRESERVATIVE

	was filed as United States Application No. or as PCT International Application No.					
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	(i	f applicable).				
hereby imende	state that I have reviewed and und d by any amendment referred to ab	derstand the contents of the abo	ove-identified applica	ation, including the claim	ms, <b>a</b> s	
ackno 7 CFR	wledge the duty to disclose informa	ation known to me to be mater	ial to the examination	n of this application as o	defined by	
	FOREIGN AN Ai	D DOMESTIC PRIORITY ND PRIOR FOREIGN/PCT	CLAIMS UNDER 3 APPLICATIONS	5 USC 119		
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PCT/US FILING DATE

PATENTED PENDING ABANDONED

## POWER OF ATTORNEY AND CORRESPONDENCE ADDRESS

I'hereby appoint the following attorneys at the address listed below to prosecute this application and to transact all business in the U.S. Patent and Trademark Office connected therewith and to receive all correspondence in connection with this application:

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CUSTOMER NO. 20311

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 USC 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

## INVENTOR IDENTIFICATION AND SIGNATURE

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INVENTOR'S SIGNATURE	DATE	
RESIDENCE	CITIZENSHIP	
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FULL NAME OF THIRD INVENTOR		
INVENTOR'S SIGNATURE	DATE	
RESIDENCE		
POST OFFICE ADDRESS		
FULL NAME OF FOURTH INVENTOR		
INVENTOR'S SIGNATURE	DATE	
RESIDENCE		
POST OFFICE ADDRESS		